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2004/021

FEE TRANSMITTAL

OCT 0 3 2007

Attorney Docket No.	Q178-US1	
First Named Inventor:	SKINLO, David et al.	
Application Number	10/697,537	
Filing Date:	October 29, 2003	
Examiner Name:	Alix Elizabeth Echelmeyer	
Group/Art Unit:	1745	

TOTAL AMOUNT OF PAYMENT:	\$ 60.00
METHOD OF PAYMENT (check One)	1. X The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to:
	Deposit Account No.: 50-0921 Deposit Account Name: Qualtion LLC
•	X. Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17
	2. X Payment Enclosed: Check Money Order X. Other - Credit Card

2. UTILITY Basic Filing Fee & Claims

(1) F	(2) No Flod	(2) No subso	(4) Lange Empire	(5) Small Entity	(6) Calculations
(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(3) Small Entity	(o) Calculations
Basic Filing Fee	xx	xx	\$300.00	\$150.00	\$.00
Total Claims	38 - 53=	0	X \$50.00	X \$25.00	\$.00
Independent Claims	4 - 7=	0	X \$200.00	X \$100.00	\$.00
Multiple Dependent Cla	im(s) (if applicable)	\$360.00	\$180.00	\$.00
	Total of above Calculations =				

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$200.00	\$100.00	\$.00
Reissue filing fee	\$300.00	\$150.00	\$.00
Provisional filing fee	\$200.00	\$100.00	\$.00
Total of above Calculations =			\$.00

3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
One Month Extension of Time	\$	\$60.00	\$60.00
	S	S	5
	\$	S	S
,	S	S	5
		TOTAL	\$60.00

Name (print/type)	TRAVIS L. DODD	Registration N (Attorney/Ago		42,491
Signature		Date	10/3/2	007

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TOTAL AMOUNT OF PAYMENT:	\$ 60.00
METHOD OF PAYMENT (check One)	1. X The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to:
	Deposit Account No.: 50-0921 Deposit Account Name: Quallion LLC
	X. Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17
	2X Payment Enclosed: Check Money Order X Other - Credit Card

2. UTILITY Basic Filing Fee & Claims

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	xx	XX	\$300.00	\$150.00	\$.00
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	\$.00		

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Fee Description	Large Entity	Small Entity	Other
One Month Extension of Time	S	\$60.00	\$60.00
	S	S	S
	S	\$	S
	S	\$	\$
		TOTAL	

Name (print/type)	TRAVIS L. DODD	Registration N (Attorney/Age		42,491
Signature		Date	10/3/20	007